

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | RH | | 5/19 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | NP | 584 | 7/17/01 |
| RESPONSE FORMALITY REVIEW | LT | 1106 | 12/17/01 |
| | BZ | 897 | 03-21-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Claim | Date |
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| Claim | Date |
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REST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

JC 373
 8/17/02
 12/17/02
 12/17/02